

**PT 46A - APPLICATION FOR PARAPLEGIC VETERAN
PROPERTY TAX EXEMPTIONS (SDCL 10-4-24.9, 10-4-24.10)**

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Personal Information

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Last Name	First Name	Social Security Number
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Mailing Address	County	Telephone
_____	_____	_____
_____	_____	_____
City	State	Zip Code
_____	_____	_____
		(month)____(day)____(year)_____
		Birth Date

Parcel Number _____

Legal description of property for which exemption is requested

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ELIGIBILITY

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- | | | |
|--|-----|----|
| A. Are you a paraplegic or an individual with the loss or loss of use of both lower extremities? | YES | NO |
| B. Is your home specifically designed as a wheel chair home? | YES | NO |
| C. Did you own and occupy your home during the entire year of 2019? | YES | NO |
| D. Are you the un-remarried widow or widower of a qualified veteran? | YES | NO |

I have examined this claim and it is correct to the best of my knowledge.

Claimant's signature	Date
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Preparer's signature	City
Address	

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VERIFICATION

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TO BE COMPLETED BY MEDICAL DOCTOR

_____ I hereby certify that the above individual is a paraplegic.

_____ I hereby certify that the above individual has suffered the loss or loss of use of both lower extremities.

_____ MD

Address

TO BE COMPLETED BY COUNTY VETERAN SERVICE OFFICER

REPRESENTATIVE

Check One:

_____ I certify that the above individual is a paraplegic veteran of the Armed Forces of the United States and the disability was service connected.

_____ I certify that the above individual is a veteran of the Armed Forces of the United States and disability was non-service connected.

OR

_____ I certify that the above individual is an un-remarried widow or widower of a qualified veteran

Address

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TO BE COMPLETED BY DIRECTOR OF EQUALIZATION - REPORT OF INVESTIGATION

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I hereby report I have investigated the statements made in the foregoing application as to the ownership and use of the property as of November 1, 20_____. Based on the investigation it is my recommendation that this property be declared (EXEMPT), (TAXABLE) effective November first, following action by the county board of equalization.

(Director of Equalization)

PT 46A (07/19)

Original to Director of Equalization